

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		✓		1		
3		✓		1		
4		✓		1		
5		✓		1		
6		✓		1		
7		✓		1		
8		✓		1		
9		✓		1		
10		✓		1		
11		✓		1		
12		✓		1		
13		✓		1		
14		✓		1		
15		✓		1		
16		✓		1		
17		✓		1		
18		17		17		
19		18	✓	①		
20		✓		1		
21		✓		1		
22	1	1	1			
23		✓		1		
24		✓		1		
25		✓		1		
26		✓		1		
27		✓		1		
28		✓		1		
29		✓		1		
30	1		1			
31	1		1			
32		✓		1		
33		✓		1		
34		✓		1		
35		✓		1		
36		✓		1		
37		✓		1		
38		✓		1		
39		✓		1		
40		✓		1		
41		✓		1		
42		✓		1		
43		✓		1		
44	1		1			
45		✓		1		
46		✓		1		
47		✓		1		
48		✓		1		
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	765	↓		↓		↓
TOTAL CLAIMS	770					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS